Please fill out all highlighted fields before submitting a sample.

All samples must be on ice or received within 15 minutes of collection.

6/2009 Rej	n:												Reciept G1234567A	Raw Wells Use So														
Rejection Criteria # Definitions	*Unsuitable Sample Analysis-								7			4567A So		ldress/Location	cation/Location	Other:	System Type Private/Individual								707	2/2/2	,	(sc
2) Qua	1) Sam											Da		Date	0		ndividua			En	Zip:				2	0		
ntity insuff	ple too old											Yea	ar		Collected			Ov		Email:						Ġ	-	3
2) Quantity insufficient for analysis (100mL required)	1) Sample too old. Analysis not initiated within 30 hours of collection	PM	AM	AM	PM	PM	PM	PM	PM	AM	P A A	AM or PM	Please Circle	Time		☐ Groundwater with Surface Water Influence	Groundwater	Owner Operator								SIC SXC	,	\rangle \rangl
s (100mL	tiated with												-	ition		water w												
required)	hin 30 ho												stru w V	ction Vell	100	ith Surfa	Mater Source	Other										
	urs of coll												Spec		Sample Type	ace Wat	ource											
	ection											F	Repe	at	Type	er influe	Surface Water											
4	3									,		Repeat Samples	Positive on all	Include Lab ID		ence	Water											
4) Unapproved Container) Excessive Chlor											mg/L	Total	mg/L		Residual	Chlorine	Approvir	Date	Report A	REI	Bottle Lot #	Yes	Samples	LAE	Unilia		<
ontainer	3) Excessive Chlorine Residual (>10mg/L)											Criteria #	Rejection	Resubmit*	Please	Sample -	Unsuitable	ng Authority Title:	e of Approval:	Report Approval Signature:	PORT MUST		No	s Iced?	SORATORY U	lies		
6) Other:												Present	Total Coliform			Note: All test r		Title:	-	ature:	BE APPROV	Reported By:	Tested By:	Received By:	SE ONLY - D	Departer		2
	5) Form incomplete / Data discrepency (Errors Circled)											Absent	liform	lest Method: Collsure		Note: All test results relate only to the samples as received	Lab Results				ED BY SECO				O NOT MAI	ent		C
	lete / Data discr											Present	E. Coli	d: Collsure		ly to the sample	esults				OND ANALY	Reported:	Tested:	Received:	RK TO THE	T104704385	1	(432)-681-7618
	epency (Errors											Absent	ol:			s as received					ST BEFORE				RIGHT OF T)4385	,	1-7618
	Circled)													Number	Laboratory Sample ID						PORT MUST BE APPROVED BY SECOND ANALYST BEFORE REPORTING				LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD LINE	requirments of NELAC unless stated otherwise.	act recults meet all	T104704385

Sample Delivered By:

Date:

Signature: